

### **AUDITOR OF MARION COUNTY**

### **JULIE L. VOORHIES**

801 CITY-COUNTY BUILDING
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# CHIEF DEPUTY AUDITOR MICHELE PERO

### **DEPUTY AUDITORS**

DANE MAHERN SHIRLEY MIZEN

**CFO** DREW CARLSON

## **Certified Statement to the Marion County Auditor**

Complete this form to remove the following deductions (please check all that apply):		
Mortgage		
Blind/Disabled		
Over 65		
Veterans		
To remove a Homestead	deduction, you must comple	ete State Form 54890
Today's Date:	Parcel #:	Phone:
Owner Name(s):		
Primary Residence of a	oplicant:	
All other properties ow	ned by applicant:	
Address:		Parcel#
Address:Parcel		
Address:		Parcel#
• •	roperty's you may attach ada	litional sheets.
Examples of reasons for property has been sold,		ot qualify for blind or disabled status,
Date of Ineligibility:		
Examples of ineligibility	date: the date the mortgage	was paid off, the date the government
disqualified blind or disa	bled status; the date the pro	perty was sold etc
I hereby certify that my	property is no longer eligible	to receive the above-mentioned
deduction(s). I further co	ertify to my understanding th	nat the property taxes will increase after
the removal of deductio	ns.	
Signature of Property O		Signature of Property Owner/Owners